

SERFF Tracking Number:	GRAX-G126785668	State:	Arkansas
Filing Company:	Great American Life Insurance Company	State Tracking Number:	46600
Company Tracking Number:	AR032010100004		
TOI:	A07I Individual Annuities - Special	Sub-TOI:	A07I.001 Equity Indexed
Product Name:	Annuity Individual Fixed		
Project Name/Number:	Annuity Individual Fixed/		

Filing at a Glance

Company: Great American Life Insurance Company

Product Name: Annuity Individual Fixed	SERFF Tr Num: GRAX-G126785668	State: Arkansas
TOI: A07I Individual Annuities - Special	SERFF Status: Closed-Accepted For Informational Purposes	State Tr Num: 46600
Sub-TOI: A07I.001 Equity Indexed	Co Tr Num: AR032010100004	State Status: Filed-Closed
Filing Type: Form	Author: SPI GreatAmericanFinancialRes Date Submitted: 08/25/2010	Reviewer(s): Linda Bird Disposition Date: 08/26/2010
Implementation Date Requested:		Disposition Status: Accepted For Informational Purposes
State Filing Description:		Implementation Date:

General Information

Project Name: Annuity Individual Fixed	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type:
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/26/2010	Explanation for Other Group Market Type:
	State Status Changed: 08/26/2010
Deemer Date:	Created By: SPI GreatAmericanFinancialRes
Submitted By: SPI GreatAmericanFinancialRes	Corresponding Filing Tracking Number:
Filing Description:	
Please accept this letter as notification to your department of Great American Life Insurance Company's intent to expand the range of the Guaranteed Minimum Surrender Value Rate as referenced on the previously submitted Explanation of Variables for the policy form P1077409NW, which was approved for use in your state on 01/06/10, under file number 44416.	

We are expanding the range of the Guaranteed Minimum Surrender Value Rate from 2%-3%, to 1%-3%. A revised Explanation of Variables document is enclosed for your records.

SERFF Tracking Number:	GRAX-G126785668	State:	Arkansas
Filing Company:	Great American Life Insurance Company	State Tracking Number:	46600
Company Tracking Number:	AR032010100004		
TOI:	A071 Individual Annuities - Special	Sub-TOI:	A071.001 Equity Indexed
Product Name:	Annuity Individual Fixed		
Project Name/Number:	Annuity Individual Fixed/		

Company and Contact

Filing Contact Information

Juli Fleming, Senior Compliance Analyst	jffleming@gafri.com
P. O. Box 5420	513-412-0018 [Phone] 10018 [Ext]
Cincinnati, OH 45201-5420	513-412-1470 [FAX]

Filing Company Information

Great American Life Insurance Company	CoCode: 63312	State of Domicile: Ohio
P. O. Box 5420	Group Code: 84	Company Type:
Cincinnati, OH 45201-5420	Group Name: Great American	State ID Number:
	Financial Resources, Inc.	
(800) 854-3649 ext. [Phone]	FEIN Number: 13-1935920	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Life Insurance Company	\$50.00	08/25/2010	39007717

<i>SERFF Tracking Number:</i>	<i>GRAX-G126785668</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46600</i>
<i>Company Tracking Number:</i>	<i>AR032010100004</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Annuity Individual Fixed</i>		
<i>Project Name/Number:</i>	<i>Annuity Individual Fixed/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		08/26/2010	08/26/2010

<i>SERFF Tracking Number:</i>	<i>GRAX-G126785668</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46600</i>
<i>Company Tracking Number:</i>	<i>AR032010100004</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Annuity Individual Fixed</i>		
<i>Project Name/Number:</i>	<i>Annuity Individual Fixed/</i>		

Disposition

Disposition Date: 08/26/2010

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>GRAX-G126785668</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46600</i>
<i>Company Tracking Number:</i>	<i>AR032010100004</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Annuity Individual Fixed</i>		
<i>Project Name/Number:</i>	<i>Annuity Individual Fixed/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variables		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document	Cover Letter		Yes

<i>SERFF Tracking Number:</i>	<i>GRAX-G126785668</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46600</i>
<i>Company Tracking Number:</i>	<i>AR032010100004</i>		
<i>TOI:</i>	<i>A071 Individual Annuities - Special</i>	<i>Sub-TOI:</i>	<i>A071.001 Equity Indexed</i>
<i>Product Name:</i>	<i>Annuity Individual Fixed</i>		
<i>Project Name/Number:</i>	<i>Annuity Individual Fixed/</i>		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variables		
Comments:			
Attachment:			
NW - EOVS.PDF			
		Item Status:	Status Date:
Satisfied - Item:	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		
Comments:			
Attachments:			
AR - NAIC TRANSMITTAL DOCUMENT.PDF			
AR - NAIC FORM FILING ATTACHMENT.PDF			
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment:			
Cover Letter.PDF			

Explanation of Variables
Individual Deferred Annuity Contract
Contract Form No. P1077409NW

BRACKETS

- Hard Brackets [] – Denote that provision or text is variable.

CONTRACT

Specifications Page

- Owner – Will insert name of the Owner
- Age of Owner – Will insert age of the Owner
- Joint Owner – Will insert name of Joint Owner, if any
- Age of Joint Owner – Will insert age of Joint Owner, if any
- Annuitant – Will insert name of Annuitant
- Age of Annuitant – Will insert age of the Annuitant
- Contract Number – Will insert contract number
- Tax-Qualified Contract – Will insert “No” or “Yes-qualification endorsement included” as appropriate.
- Contract Effective Date – Will insert the Contract Effective date
- Annuity Commencement Date – Will insert Annuity Commencement Date, which is the Contract Anniversary following the owner’s 85th birthday.
- Interest Strategy Application Date – Will insert the date(s) that money will be moved from the Purchase Payment Account into the selected Strategies.
- Minimum Required Value – Will insert the minimum Account Value that must be maintained to prevent the contract from being terminated (\$1,000 - \$5,000)
- Purchase Payment Period – Will insert the period of time that Purchase Payments will be accepted into this contract as determined permissible by the risk factors in the economic/investment environment at time of issue. (At issue – lifetime of the contract)
- Minimum Purchase Payment – Will insert the minimum Purchase Payment (\$5,000-50,000 for the initial Purchase Payment and \$1,000-5,000 for any other Purchase Payment) that will be accepted into the contract as determined permissible by the risk factors in the economic/investment environment at time of issue
- Maximum Total Purchase Payment – Will insert the maximum total Purchase Payments (\$500,000-50,000,000) that will be accepted into the contract as determined permissible by the risk factors in the economic/investment environment at time of issue.
- Purchase Payment Bonus – If made available, will insert the percentage rate to be multiplied by the Purchase Payment to determine the bonus. (0%-10%) If available, the bonus rate will be a function of consumer demand and the product’s capital constraints in the economic/investment marketplace at time of issue. Once set, the bonus rate will not change on an issued contract.
- GMSV Factor – Will insert the percentage of the Purchase Payment(s) used to determine the Guaranteed Minimum Surrender Value as determined permissible by the risk factors in the economic/investment environment at time of issue. (87.5%-100%) Once set, the GMSV Factor will not change on an issued contract.
- GMSV Rate – Will insert the percentage rate used to determine the Guaranteed Minimum Surrender Value. It is dependent upon the Guaranteed Minimum Declared Rate and the minimum interest rate allowed under your state insurance law. (1%-3%) Once set, the GMSV Rate will not change on an issued contract.
- Guaranteed Minimum Declared Rate – Will insert the Guaranteed Minimum Declared Rate, which will not be less than the minimum interest rate allowed under your state insurance law and applicable rules and regulations. It will be set at issue and not changed during lifetime of contract. (1%-3%)
- Initial Selection – Will insert the initial percentage of the Purchase Payment Account Value to be allocated to the Declared Rate Strategy as indicated by the Contract Owner.
- Term – Will insert the period of time during which the interest rate for the Declared Rate Strategy is fixed. (1-2 years) The length of the Term will be a function of consumer demand and the product’s capital constraints in the economic/investment marketplace at time of issue. Once set, the Term will not change on an issued contract
- Strategy title – Will insert the name of each Indexed Strategy offered. Indexed Strategies will be offered based on consumer demand and the product’s capital constraints in the economic/investment marketplace at time of issue.

- Initial Selection – Will insert the initial percentage of the Purchase Payment Account Value to be allocated to each Indexed Strategy offered as indicated by the Contract Owner.
- Term – Will insert the period of time over which each Index Strategy's interest rate is calculated. (1-2 years)
- Valuations Dates – Will insert the point in time when the Index value is obtained to compute the Index Change for each Indexed Strategy. (Never more frequent than daily or less frequent than the Term)
- Initial Bailout Cap(s): Will insert the spread from the Cap for each initial Term which sets the lowest Cap that may apply to funds held for a Term under, and Indexed Strategy before early withdrawal charges are waived under the Bailout provision of the Contract. (0%-5%).
- Minimum Floor – Will insert the guaranteed minimum rate for each Indexed Strategy. (0%-5%)


Contract Data

- Settlement Option Computations – Will use the Annuity 2000 Table for blended lives with a minimum interest rate of 1.00% - 5.00%. This rate is set to encourage asset retention and is not dependent on the level of the Guaranteed Minimum Declared Rate. Once set, the rate will not change on an issued contract.
- Settlement Option Table A – Will insert values applicable to the minimum interest rate stated in the Settlement Option Computations paragraph.
- Settlement Option Table B – Will insert values applicable to the minimum interest rate stated in the Settlement Option Computations paragraph.
- Settlement Option Table C – Will insert values applicable to the minimum interest rate stated in the Settlement Option Computations paragraph.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Great American Life Insurance Company P. O. Box 5420 Cincinnati OH 45201-5420	OH		0084	63312	13-1935920	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Juli K. Fleming P. O. Box 5420 Cincinnati OH 45201-5420	800-854-3649 Ext. 10018	513-412-1470	jffleming@gafri.com			
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	AR032010100004					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> <div>Group</div> </div>					
9.	Type of Insurance	A07I Individual Annuities - Special					
10.	Product Coding Matrix Filing Code	A07I.001 Equity Indexed					
11.	Submitted Documents	<input checked="" type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Other: <u>Revised EOV</u> </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	08/25/10
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	pending
15.	Filing Description:	
	<p>Please accept this letter as notification to your department of Great American Life Insurance Company's intent to expand the range of the Guaranteed Minimum Surrender Value Rate as referenced on the previously submitted Explanation of Variables for the policy form P1077409NW, which was approved for use in your state on 01/06/10, under file number 44416.</p> <p>We are expanding the range of the Guaranteed Minimum Surrender Value Rate from 2%-3%, to 1%-3%. A revised Explanation of Variables document is enclosed for your records.</p>	

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Juli K. Fleming</u> Title <u>Senior Compliance Analyst</u></p>		
<p>Signature <u></u> Date <u>08/25/10</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR032010100004
This filing corresponds to rate filing company tracking number		

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	



LIFE INSURANCE COMPANY

Administrative Mailing Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420

August 25, 2010

NAIC No. 0084-63312
FEIN No. 13-1935920

Insurance Commissioner Jay Bradford
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Informational Filing – Great American Life Insurance Company
P1077409NW Individual Deferred Annuity Contract

Dear Insurance Commissioner Bradford:

Please accept this letter as notification to your department of Great American Life Insurance Company's intent to expand the range of the Guaranteed Minimum Surrender Value Rate as referenced on the previously submitted Explanation of Variables for the policy form P1077409NW, which was approved for use in your state on 01/06/10, under file number 44416.

We are expanding the range of the Guaranteed Minimum Surrender Value Rate from 2%-3%, to 1%-3%. A revised Explanation of Variables document is enclosed for your records.

With this information, I look forward to receiving a favorable response to this filing.

If you have any questions or require additional information regarding this submission, please feel free to contact me at either of the phone numbers indicated below or via e-mail at jfleming@gafri.com.

Sincerely,

Juli K. Fleming
Senior Compliance Analyst

JULI K. FLEMING , SENIOR COMPLIANCE ANALYST
(800) 854-3649 (TOLL FREE - EXT. 10018)
(513) 412-0018 (DIRECT DIAL) * (513) 412-1470 FAX